

Bureau of Weights and Measures, P.O. Box 19281, Springfield, IL 62794-9281 - AGR.WMComplaints@Illinois.gov

## **WEIGHTS & MEASURES COMPLAINT FORM**

Today's Date:				
		For Office Use Only		
Business Name:	Business ID#:			
Address:		County:		
City/State:		Inspector:		
Complaint Details Gas:				
Pump Location:	□ Ac	curacy	□ Quality	
Grade of Gas:	☐ Advertising/ Pricing		□ Other	
<b>Complaint Details Scales:</b>				
Scale Location: Ex.: Check-out, Deli, Seafood	<ul><li>□ Accuracy</li><li>□ Other</li></ul>		□ Display	
				Type of Scale: Ex.: Counter, Floor, Vehicle, Hopper
Commodity Weighed: Ex.: Meat, Seafood, Produce, Grain, Livestock				
Date of Occurrence:	_			
Problem:				
Optional Information:				
Name:	Pho	Phone Number:		
Address	City	City/State:		